WORK

Work Opportunities Reward Kansans

An 1115 Demonstration to provide Personal Assistance and Other Services for Working People with Disabilities

Created by:

KANSAS SRS

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Table of Contents

Template for Independence Plus:
A Demonstration program for Family or Individual Directed Community Services § 1115 Demonstration Proposal

Independence Plus
A Demonstration Program for Family or Individual Directed Community Services
1115 Demonstration Application

I. State Proposal Information

The State of Kansas, Department of Social and Rehabilitation Services (SRS) proposes an 1115 Demonstration Proposal entitled ***Work Opportunities Reward Kansans (WORK)***, which will allow Medicaid eligible individuals to arrange and purchase their own personal care and related services.

The demonstration would operate for five years, beginning approximately 07/01/05.

II. General Description of the Program

The purpose of the program is to provide personal attendant services, assistive services, and Supports Brokerage for individuals with disabilities eligible for the Kansas Medicaid Buy-In program, *Working Healthy*, and working a minimum of 40 hours per month in a competitive integrated setting. Through this waiver, SRS will demonstrate that an increased number of individuals with long-term care needs will become employed if sufficient support services are provided in their home and communities, and at work.

Utilizing a person-centered planning process, SRS will assist consumers in identifying their needs and planning their services. SRS will maintain the ability to control costs and, in conjunction with individuals and significant others, establish mutual expectations regarding available resources. These resources will be identified through an established methodology, open for public inspection, for determining an individual budget that will be based upon actual service utilization data. Through the provision of services and supports identified through the plan of care and the operation of a quality assurance and improvement program, SRS will ensure the health and welfare of the individuals in the program. In addition, the program will provide assurances of fiscal integrity and include participant protections that will be effective and consumer friendly.

III. Assurances

The program design includes the following mandatory requirements (please check all to indicate assurance):

___X___The program is voluntary for all eligible participants.

___X___A Fiscal/Employer Agent will be available to all participants that choose or need one based on a skills test.

__X___The State will conduct an evaluation of the program and will cooperate with an independent evaluation contractor CMS may procure.

__X___The State will comply with public notice requirements as published in the Federal Register, Vol. 59, No. 186, dated September 29, 1994 (Document number 94 - 23960) and Centers for Medicare and Medicaid Services (CMS) requirements regarding Native American Tribe consultation.

IV. Waivers Requested

The following waivers are requested pursuant to the authority of Section 1115(a)(1) of the Social Security Act (Please check all applicable):

_____Statewideness 1902(a)(1)

To enable the State to operate the demonstration within an area that does not include all political subdivisions of the State.

__X__Comparability 1902(a)(10)(B)

To permit the state to offer demonstration participants benefits that are not equal in amount, duration, and scope to those offered to other Medicaid beneficiaries.

__X__ Income and Resource Rule 1902(a)(10)(C)(i)

To permit the exclusion of payments received under the demonstration from the income and resource limits established under State and Federal law for Medicaid eligibility. Beneficiaries will also be permitted to accumulate financial resources in a separate account for special (approved) purchases.

__X___Provider Agreements 1902(a)(27)

To permit the provision of care by individuals who have not executed a Provider Agreement with the State Medicaid agency.

__X__Direct Payments to Providers 1902(a)(32)

To permit payments to be made directly to beneficiaries or their representatives.

___X__Payment Review 1902(a)(37)(B)

To the extent that prepayment review may not be available for disbursements by individual beneficiaries to their caregivers/providers.

Section 1115(a)(2) authority of the Social Security Act is requested, for the following expenditures to be made by the State under the demonstration, (which are not otherwise included as expenditures under Section 1903) for the period of the demonstration to be regarded as expenditures under the State's Title XIX plan.

Note: Checking the appropriate box(es) will allow the State to claim Federal Financial Participation for expenditures that otherwise would not be eligible for Federal match.

__X___Expenditures for demonstration caregiver services provided by members of the demonstration participant's family to the participant.

__X__ Expenditures to provide services that are not covered under the State Plan as demonstration services, i.e., to provide for training and fiscal/employer agent services as a part of the demonstration design.

__X___Expenditures for prepayment to demonstration participants for demonstration services prior to the delivery of those services.

V. STATE SPECIFIC ELEMENTS

Target Population(s)

All items that apply are checked:

Category	CHILDREN AGE RANGE		ADULTS AGE RANGE		AGED AGE RANGE
	From	To	From	To	From
AGED ONLY					
DISABLED (PHYSICAL)			16	65	
DISABLED (OTHER)			16	65	
BRAIN INJURY (ACQUIRED)			16	65	
BRAIN INJURY (TRAUMA)			16	65	
HIV/AIDS					
MEDICALLY FRAGILE					
TECHNOLOGY DEPENDENT					
AUTISM					
DEVELOPMENTAL DISABILITY			16	65	
MENTAL RETARDATION					
MENTAL ILLNESS					

Geographic Area

__X__ Statewide

_____ One County or

_____ Regional (Please specify areas to be included)

_____

_____ Other (Please specify)

_____

Family members or legally responsible persons may qualify as providers?

__X___Yes _____No

Beneficiaries will be permitted to invest resources in a special account for special (approved) purchases?

__X___ Yes _____No

Enrollment Cap
The limit on the number of enrollees is:
Delivery System

Services
The State requests that the following State Plan Services be included under this demonstration:

____	Personal Care Services	_____	Non-Emergency
____	Durable Medical Equipment		Transportation
____	Home Health Services	_____	Other

The State requests that the following Home and Community-Based Services, as set forth in 42 CFR 440.180, be included under this demonstration:

__X__	Homemaker Services	_____	Transportation
_____	Home Health Aide Services	__X__	Supported Employment
__X__	Personal Care Services	_____	Other services requested by
_____	Adult Day Health Services	the State and approved by CMS as budget	
_____	Respite Care Services	neutral and necessary to avoid	
_____	Enhanced Personal Care	institutionalization	

The services available through this demonstration will all be self-directed support services, under the direction of the participant, family, or proxy, and will comply with all existing regulations unless waived.

VI. Budget Neutrality

__X___The attached budget shell relies on the model that the demonstration expenditures will not exceed what would have been incurred without the demonstration.

__X___ The State assures that the aggregate cost of services provided herein will be no more than 100% of the cost to provide these services without the waiver. The plan of care and budget for plan of care will be developed in the demonstration exactly as they would have been developed without the waiver. Procedures for determining the amount, duration, and scope of Personal Care services are identical for Personal Care recipients, regardless of whether or not they are part of this voluntary demonstration program.

__X___ The State estimates the cost of this program will be $187,000,930 over its five year approval period.

VII. Additional Requirements

In addition to the above requirements, the State agrees to the Section 1115 *Independence Plus:* A Demonstration Program for Family or Individual Directed Community Services Special Terms and Conditions (STCs) of Approval, and agrees to prepare the Operational Protocol document as described in the Model STCs. During CMS's review and consideration of this demonstration request, using the Model STCs, the state will work with CMS to develop STCs that are specific to this request that will become part of the approval of demonstration authority.

_____
Date

Janet Schalansky, Secretary of SRS_
Name of Authorizing Official, Typed

_____
Name of Authorizing Official, Signed

I. EXECUTIVE SUMMARY

Kansas Social and Rehabilitation Services (SRS), the single Medicaid state agency, is requesting approval for an 1115 Independence Plus Demonstration waiver. This demonstration will allow individuals receiving services on designated waivers or who are on waiting lists for these same waivers, and who meet the eligibility requirements for the Kansas Medicaid Buy-In program ***Working Healthy***, to transition to the new demonstration waiver and manage their personal assistance services utilizing a "cash and counseling" model. The title of the proposed demonstration is ***Work Opportunities Reward Kansans (WORK).***

SRS proposes to demonstrate that the number of people with severe disabilities who enter the workforce will increase if personal assistance and related services are provided at a sufficient level in the home, at work, and in the community. SRS also hopes to demonstrate that enrollees will increase the number of hours worked, increase their income, and self- report better health-related outcomes and improved quality-of-life as a result of this demonstration combined with the Medicaid Buy-In program. SRS believes that WORK, combined with the benefits of ***Working Healthy***, will encourage greater participation in Ticket-to-Work Work Incentives Improvement Act (TWWIIA) programs, thereby further promoting employment of people with significant disabilities.

SRS believes the 1115 Independence Plus "cash and counseling" model is the next logical step for promoting adult self-sufficiency, community integration, and employment. ***WORK*** will go a step beyond consumer direction, which Kansas already practices in its Home and Community Based Services (HCBS) programs, and allow consumers to truly control their services through person-centered planning, management of their own funds, and the choice of how best to obtain services in the most cost-effective way.

In addition to supporting employment efforts, the demonstration is designed to provide eligible enrollees with optimum control of their lives by allowing them to purchase personal assistance services that will meet their unique needs using a monthly cash allocation, determine whether to use the services of a Supports Broker or manage their care independently, decide whether to use a Fiscal Management Service or manage their funds independently, and choose providers with whom they feel the most comfortable rather than have to use providers chosen by SRS, specific to their disability, or assigned to them based on their geographical location.

SRS staff designed ***WORK*** in conjunction with advocates, community providers, and consumers who will eventually enroll in the program.

II. OVERVIEW OF PERSONAL ASSISTANCE SERVICES IN KANSAS AND REASON FOR AN 1115 INDEPENDENCE PLUS DEMONSTRATION APPLICATION

A. Overview of Personal Assistance Services in Kansas

A combination of Federal and State legislation, consumer and advocate involvement, and receptivity of the Department of Social and Rehabilitation Services (SRS), has resulted in Kansas embracing the philosophy of community-based services, community integration, and self-direction. Since the 1981 Federal legislation that allowed states to "waive" certain Medicaid requirements and finance services in a non-institutional setting, as long as the services were cost neutral, Kansas has been progressively moving toward a home-and-community-based, rather than institutional, model.

In 1983, Kansas initiated its first Home and Community Based Services (HCBS) program for persons who were elderly or had developmental or physical disabilities. Following the implementation of this waiver, Kansas closed the first of several institutions for people with developmental and psychiatric disabilities.

During 1989, the Kansas Legislature passed House Bill 2012, allowing people on HCBS waivers to arrange for and direct their personal attendant services. Now K.S.A. 65-6201, this statute requires that consumers age 16 years and older be allowed to self-direct their own personal in-home care. The Nurse Practice Act of 2001 (K.S.A. 65-1124) included language that allowed registered professional or licensed practical nurses to exercise their own judgment when delegating health maintenance activities, as long as reasonable care and safety were maintained.

A 1987 study of mental health services in Kansas determined that 80% of mental health funds were allocated to institutions, although most persons with psychiatric disabilities spent approximately 95% of their time in the community. The researchers concluded that Kansans were being institutionalized because of inadequate funding directed at community resources and care coordination. In 1990, the Kansas State Legislature passed the *Mental Health Reform Act*, providing increased funding for community-based supports and an alternative to institutionalization for people with psychiatric disabilities. In 1997, an HCBS waiver to serve children ages four to twenty-one with Severe Emotional Disturbance (SED Waiver) was implemented.

In 1991, three additional waivers were created by SRS. The Mental Retardation and Developmental Disabilities Waiver (MRDD) was developed to serve children and adults, beginning at age five. The Head Injury Waiver (HI), the first of its kind in the United States, was designed to serve people 16 to 55 years of age with external, traumatically acquired, non-degenerative brain injury, as well as who meet the level-of-care criteria for a head injury rehabilitation hospital. And the Technology Assisted Waiver (TA) was created to serve medically fragile children up to 18 years of age who meet an in-patient hospital level-of-care and required life-supporting technological devices to survive.

Those remaining on the initial Kansas waiver, titled the Nursing Facility Waiver (NF), were people who were elderly and those with physical disabilities. In 1996, Kansas privatized home-care programs, essentially moving the tasks of case management and assessment from state workers to various private entities. During 1997, with considerable consumer, advocate, and provider involvement, SRS divided the NF Waiver into two new waivers. Believing that the needs of younger adults with physical disabilities and seniors were different, the Physically Disabled Waiver (PD) was developed to serve those 16 to 65 years of age, while the Frail and Elderly Waiver (FE) was designed to serve those 65 years and older. Individuals on both waivers must meet a nursing facility threshold for level-of-care.

Kansas Medicaid presently provides personal assistance services to children and adults, and frail elderly individuals, through six waivers, including the Developmental Disability, Frail Elderly, Head Injury, Physical Disability, Serious Emotional Disturbance, and the Technology Assisted Children. All but the FE Waiver are administered by SRS. The Department on Aging (DOA) administers the FE Waiver. Adults with Severe and Persistent Mental Illness receive attendant services through the Kansas Medicaid State Plan. * (The eligibility criteria and services available through these waivers are listed in Appendix A).

* Individuals with Severe and Persistent Mental Illness are able to access personal assistance services through the Medicaid State Plan, including in the work place, if the need for the service is related to their mental illness and is consistent with their treatment.

B. Reason for an 1115 Independence Plus Demonstration Application

Kansas SRS received Medicaid Infrastructure Grant funding in January of 2001. For the next year-and-a-half an Implementation Team, consisting of SRS cross-agency staff and stakeholders, developed an implementation plan for the new Kansas Medicaid Buy-In program. Deciding that the Medicaid Buy-In program was consistent with their mission of promoting adult self-sufficiency, SRS implemented the program in July 2002, despite the budget shortfalls many states were then experiencing. The program, titled ***Working Healthy***, began with 175 enrollees, approximately double the enrollment projected for the entire first year of the program.

Although all disability populations are represented in ***Working Healthy***, people with developmental disabilities, head injuries, and physical disabilities who need personal assistant services to work are under-represented. Seeking to remedy this situation, SRS considered a number of options, including a State Plan Service, amending existing Home and Community Based Services (HCBS) Waivers to include ***Working Healthy*** enrollees, or developing a new 1915 or 1115 Independence Plus waiver. SRS staff determined that the 1115 Independence Plus demonstration waiver seemed to best lend itself to the needs of employed Kansans with disabilities for the following reasons:

- The 1115 Independence Plus Demonstration allows Kansas Medicaid to test the hypothesis that the ***Working Healthy*** program, combined with the services necessary to support employment, would increase the number of Kansans with disabilities who are employed.

- The demonstration provides the most flexibility for designing an innovative waiver that would meet the needs of a working population requiring personal assistance services to work and live in the community.

- The demonstration permits consumers with various disabilities, including developmental disabilities, to be served on the same waiver.

- The demonstration allows Kansas Medicaid to "target" a specific population, i.e., adults with disabilities eligible to enroll in ***Working Healthy***.

- The demonstration provides consumers with the ability to "control" their services, rather than to just "direct" them, potentially increasing consumer satisfaction.

- The demonstration permits direct cash payments to consumers to pay for their services, which may facilitate more cost-effective decision-making regarding services and service providers.

- The demonstration does not require supports brokerage and/or fiscal management services, but allows consumers to decide whether they need these services.

- Recognizing the importance of family and other significant people in the consumer's life, the demonstration allows consumers to decide whom they want to include as they plan their support services.

- An 1115 Independence Plus Demonstration has the support of consumers, advocates and the Kansas Legislature. During the 2003 legislative session, the Final Report of the President's Task Force On Medicaid Reform Committee stated "We commend Social and Rehabilitation Services for the development of the ***Working Healthy*** program and encourage its continuation and expansion to allow individuals to retain health care coverage as they transition from welfare to the workforce". Believing that the objective of the 1115 Independence Plus Waiver is for the individual to get "the right amount of care in the most cost-effective manner" the Task Force recommended that SRS apply for this type of waiver.

III. PROGRAM ADMINISTRATION

A. Description of the organizational and structural administration that will be in place to implement, monitor, and operate the demonstration, and the tasks each organizational component will perform.

1. Kansas Department of Social and Rehabilitation Services (SRS)

The Kansas Department of Social and Rehabilitation Services (SRS) will administer ***WORK***, the 1115 Independence Plus Demonstration. SRS is the Medicaid agency for the state of Kansas. The mission of SRS is to protect children and promote adult self-sufficiency. This mission is achieved by partnering with other agencies and organizations to connect Kansans with the services needed to improve their lives.

SRS will be responsible for the following:

- determining eligibility for Medicaid under the current TWWIIA Basic and Medically Improved categories (***Working Healthy***);
- developing, coordinating, and providing outreach and training activities for ***WORK*** for consumers and providers;
- developing a, or reviewing and purchasing a previously developed, Self-Direction training curriculum and a Fiscal Management curriculum;
- assisting potential enrollees to access ***WORK***;
- referring potential ***WORK*** participants to the Contractor;
- benefits planning;
- prior authorization for certain services;
- reviewing and signing off on Plans for Independence and the Individualized Budget;
- approving savings of excess funds;
- quality assurance;
- coordinating data collection;
- assisting with program evaluation; and
- reporting to the Centers for Medicare and Medicaid Services (CMS).

2. Contractor(s)

SRS will contract with one or several community providers with experience working with people with developmental, head injury, physical, and mental disabilities. SRS may contract with only one organization that will work statewide, or may choose to contract with several organizations that will cover various regions of the state.

(As a contractor, or contractors, has not been selected at this time, this/these organization/organizations will be referred to as the Contractor throughout this document).

The Contractor will be responsible for the following:

- providing an individualized orientation to ***WORK***;
- determining the allocation for purchasing services;
- explaining the methodology used to calculate the allocation to the consumer;
- providing Self-Direction training, if requested;
- providing Fiscal Management training for those who choose to manage their own finances;
- coordinating the development of the Plan for Independence and the Individualized Budget;
- entering the Plan for Independence into the Kansas Medicaid Management Information System (MMIS); and
- assisting consumers in locating community providers, Supports Brokers, and Fiscal Management organizations.

The Contractor will not be permitted to provide Supports Brokerage, Fiscal Management, or personal assistance services.

3. Community Organizations

Community organizations such as, but not limited to, Centers for Independent Living (CILs), Community Developmental Disability Organizations (CDDOs), Community Mental Health Centers (CMHCs), and state licensed Home Health agencies, will be responsible for:

- providing assessments;
- providing Supports Brokers; *****
- providing Fiscal Management services; *****
- assisting consumers in developing their Plan for Independence and/or Individualized Budget;
- assisting consumers to locate personal attendants;
- assisting consumers in accessing other services;

***** Consumers or their representatives may choose their Supports Brokers and/or Fiscal Management from these organizations, however they are not limited to these organizations. Consumers and their representatives are free to hire individuals who are not employed by these organizations, including legally responsible relatives, to provide Supports Brokerage and personal assistance services. Consumers may choose non-disability related organizations, such as accounting firms, to act as their Fiscal Manager.

4. The University of Kansas

The University of Kansas will assist SRS with measuring consumer satisfaction, conducting program evaluation, and monitoring quality assurance.

The University of Kansas will be responsible for the following:

- developing, mailing, and compiling consumer satisfaction surveys;
- analyzing surveys for systemic issues;
- reporting survey results to SRS;
- obtaining and maintaining ***WORK*** data;
- analyzing ***WORK*** data for trends, and reporting this information to SRS.

IV. ELIGIBILITY

A. Description of the population eligible for the demonstration, and the exclusions.

WORK is designed to determine whether adults with disabilities receiving personal attendant services in their home and community and at work will become employed, or increase the number of hours they work.

Consumers enrolling in ***WORK*** must meet all of the eligibility criteria to become a Medicaid beneficiary under the current TWWIIA Basic and Medically Improved categories (the Kansas Medicaid Buy-In program ***Working Healthy)***, including:

- age 16 and 64;
- determined disabled by the Social Security Administration;
- earned income verified by FICA/SECA payments;
- countable net income no higher than 300% of the Federal Poverty Level;
- assets no higher than $15,000;
- Kansas resident

Consumers must also meet the following criteria:

- Receiving services through any one of the following waivers: Developmental Disability (DD), Head Injury (HI), Physical Disability (PD), Severely Emotionally Disturbed (SED) Waivers;

or

- Meeting the functional limitations as determined by the assessments for the DD, HI, PD, and SED Waivers, and be placed on the waiting lists for one of these waivers;

and

- Competitively employed ***** in an integrated ****** setting a minimum of 40 hours per month, or indicate a willingness to meet this minimum by the end of the first year (twelve months) on the waiver;
- Understanding, and willing to accept, the responsibilities and risks of managing their own care, as well as having knowledge of their rights, or;

- have a representative who understands the consumer's needs willing to accept the responsibilities and risks of managing the consumer's care.

***** Competitively employed is defined as work performed in the competitive labor market on a full or part-time basis for which individuals are compensated at or above minimum wage, but not less than the customary wage and level of benefits paid a non-disabled individual for the same or similar work.

****** Integrated setting is defined as a setting typically found in the community in which individuals with the most severe disabilities interact with non-disabled individuals, other than non-disabled individuals who are providing services for them, to the same extent that non-disabled individuals in comparable positions interact with other persons.

Anyone who does not meet the above eligibility criteria is not eligible for this demonstration.

B. Eligibility Determination

- meet all ***Working Healthy*** eligibility requirements listed above;

- work 40 hours per month or more, or work fewer than 40 hours per month, however indicate a commitment to increasing employment to 40 hours per month or more by the first annual re-determination for services;

- through an assessment, demonstrate a current need for personal services to maintain or increase independence and employment.

C. Annual Re-determination

The need for personal assistance and other services available through ***WORK*** will be re-determined annually, or more often if a significant change in the consumer's condition occurs. The funds allocated to purchase services will also be re-determined annually, or as changed are made in the Plan for Independence.

Consumers not working at a level of 40 hours per month at the time they began receiving services will be required to demonstrate that they have achieved the required 40 hours of employment per month during their annual re-determination. Consumers who have not achieved 40 hours per month by their annual re-determination will have an opportunity to meet with a panel consisting of consumers, an advocate and an SRS staff person to explain why they were unable to meet the requirement. The panel will decide whether to allow a time extension.

D. Intake, enrollment, and dis-enrollment process.

SRS will perform intake and enrollment for consumers eligible for ***Working Healthy*** and ***WORK***. SRS staff will refer eligible consumers to the Contractor for an individualized orientation to ***WORK***, to complete Self-Direction and/ or Fiscal Management training, to be assigned an allocation, and to develop their Plan for Independence and Individualized Budget. The Contractor will enter the Plan for Independence into the MMIS system.

Consumers may voluntarily dis-enroll from ***WORK*** at any time. Consumers who are no longer employed, and whose six months re-employment time has elapsed, will be dis-enrolled from the program. SRS staff and the Contractor will assist consumers in accessing other programs offering personal attendant services, including HCBS Waivers.

As the premise of ***Working Healthy*** and ***WORK*** are "do no harm, consumers who were previously on an HCBS Waiver will have to option of returning to that waiver. Consumers who were on a waiting list for a waiver will have the option of returning to the waiting list in the order they would have achieved had they not left the waiting list.

E. Procedures for determining the existence and scope of a demonstration applicant's third party liability.

Consumers are required to report any third party coverage they have when applying for Medicaid. Providers are required to report if there is third party liability when they file a Medicaid claim on behalf of a consumer. SRS will utilize the State Verification Exchange System (SVES) to determine Medicare entitlement. The contractor for the Kansas MMIS has contracted with Health Management Systems (HMS) to determine whether consumers have Medicare and/or other third party coverage, as well as the scope of the coverage.

F. State agency responsible for each of the above processes.

- Community providers such as CDDOs, CILs, CMHCs, and state licensed Home Health agencies will perform assessments.

- SRS is responsible for determining eligibility for Medicaid, ***Working Health***, ***WORK***, and enrolling eligible consumers.

- The Contractor is responsible for providing individual orientation and training, determining the allocation, assisting with the Plan for Independence and Individualized Budget coordination and development, connecting consumers with needed services and community providers, annual re-determinations, and providing Self-Direction training and Fiscal Management training.

- SRS is responsible for reviewing and approving Plans for Independence and Individualized Budgets.

- The MMIS contractor will determine whether consumers have third party coverage, and the scope of that coverage.

G. A comparison of the number of individuals accessing Medicaid-funded community based services without the demonstration.

The following are the number of people who are on the DD *****, HI, PD, and SED Waivers and have earnings as of December 2003:

DD	HI	PD	SED
117	3	41	76

***** This number does not reflect all of the individuals who are on the DD Waiver and employed, possibly in sheltered settings. These 117 individuals are on the DD Waiver, employed in competitive settings, and utilize services similar to those offered through ***WORK***.

H. Enrollment Ceiling for the demonstration.

As the purpose of this waiver is to demonstrate that an increasing number of consumers who require personal assistance services will choose to work if these services are available, there is no ceiling on enrollment.

V. BENEFITS

(In this demonstration, the Plan of Care will be referred to as the Plan for Independence. The Purchasing Plan will be referred to as the Individualized Budget).

A. Procedures for Determining the Plan for Independence.

Development of the Plan for Independence is person-centered directed by the consumer and/or representative. This person-centered process is intended to identify the strengths, capacities, preferences, needs, and desired outcomes of the consumer. The process may include other individuals freely chosen by the consumer, including a Supports Broker, who are able to serve as important contributors to the process. The person-centered planning process enables the consumer to identify and access a personalized mix of paid and non-paid services and supports that assist him/her to achieve personally defined outcomes in the most inclusive settings. The identified personally defined outcomes and the training, supports, therapies, treatments and/or other services necessary to achieve these become part of the person-centered plan.

The Plan for Independence will include the following:

- comprehensive needs of the consumer based on the results of the assessment;
- personal attendant services and supports necessary to meet these needs;
- assistive services and/or environmental modifications(including how the assistive service(s) purchased will 1) decrease the amount of personal attendant hours required by the consumer over a three year period, or 2) increase the consumer's ability to live independently, or 3) increase or enhance the consumer's employment opportunities, or 4) improve the consumer's health and safety);
- individualized emergency back-up plan reflecting the "next-in-line" caregiver(s) in the event that the regular attendant is not available;
- other types of emergency systems that may be used;
- number of hours of Supports Brokerage needed per month for consumers planning to use a Supports Broker to assist them in self-directing their services;
- total amount of funds allocated;

SRS must review and approve the Plan for Independence. The Plan for Independence will be reviewed and approved within a time frame specified in SRS policy.

B. Methodology for establishing the budget for the Plan for Independence.

The cash amount available to the participant will be based on the level of assistance required. During the assessment, the consumer's functional limitations will be assessed, including the amount of time required to perform activities of daily living, instrumental activities of daily living, and/or work related activities, without assistance, during the normal rhythm of their day.

A determination will then be made whether the consumer needs personal assistance services to perform these tasks throughout the day, and how many hours of assistance per week he/she will require. This figure will be the basis for determining the amount of money allotted monthly to the consumer.

Consumers who require personal assistance services will have access to such services at home, at work, in the community, during the day, evenings, and weekends.

The following is the formula for determining the amount of money a consumer will receive per month for **personal assistance services**:

W = Number of hours of service required per week
4.33 = Number of weeks per month
X= Number of hours of service required per month x .90
Y = Per hour amount allowed for attendant services
Z = Amount of monthly cash allotment

W x 4.33 = X
X x Y = Z

C. How Individualized Budgets are developed.

Development of the Individualized Budget is person-centered and directed by the consumer/representative. Consumers and/or representatives develop the Individualized Budget to specify how the allocated funds will be used to pay for their personal care needs. The process can include significant individuals identified by the consumer who are able to serve as important contributors to the process, and/or a Supports Broker.

The Contractor will be responsible for determining the allocation, informing the consumer of the total dollar value of the services authorized, explaining the methodology for calculating the allocation, explaining any policies that the consumer must apply to the management of the individual budget, and the procedures the consumer must follow to request an adjustment of the individualized budget.

The Individualized Budget will include the following:

- services to be obtained directly from hired workers, community agencies, and/or independent contractors;
- other methods and payment for obtaining services typically provided by personal attendants;
- assistive services to be purchased;
- name(s) of the worker(s) or provider(s), number of hours, hourly cost of the service, applicable taxes or fees, and total cost;
- fiscal management fees;
- non-paid supports;
- cost of emergency “back-up” care; *****
- cost of the emergency alert system, if a consumer chooses this option;

- number of hours of Supports Brokerage the consumer plans to use each month. **

  * Consumers must document the cost in the event they have to pay an agency or individual to provide personal services in the event that their regular attendant cannot, or does not, come to work. The budget will indicate that this cost will not occur on a regular basis; it is documentation of costs consumers will have to pay in the event they must utilize this "back up" service.

  ** Consumers may use the services of a Supports Broker more initially, and decrease that amount as they become more experienced. Consumers will be permitted to adjust their monthly hours according to their needs. If for some reason they exceed the annual cap, consumers may request an exception to the cap.

Consumers will contract with their personal attendants, and will be the Employer of Record. If they choose not to handle their funds, they can contract with an organization that provides Financial Management Service. If they choose to utilize a Supports Broker, they can contract with that individual, or the agency for which the Supports Broker works.

SRS will review and approve Individualized Budgets before Medicaid funds are released. The review will include whether the budget includes all of the required elements, meets the needs of the consumer, includes an adequate emergency back-up plan, and reflects the consumers/representatives ability to assume fiscal management responsibilities if they plan to do so. Individualized Budgets will be approved within a time frame specified in SRS policy.

Consumers will be allowed flexibility in the event they discover a new or creative way to meet a need, adjust for emergency back-up care, or are over-budget. They may deviate from the approved Individualized Budget as long as the adjustment is clearly related to independent living and/or employability. Individualized Budgets only have to be approved again by SRS if funds are shifted by 50% or more.

Consumers who have unexpended resources at the time of budget re-determination can request that they be permitted to accumulate these funds with the permission of SRS. Consumers may be allowed to save funds for a designated purpose. Consumers must inform SRS of their plan for the accumulated funds. Consumers may use accumulated funds to purchase other equipment and/ or services that will 1) decrease the amount of personal attendant hours required by the consumer over a three year period, or 2) increase the consumer's ability to live independently, or 3) increase or enhance the consumer's employment opportunities, or 4) improve the consumer's health and safety. Consumers may accumulate funds in a traditional savings account, an Individualized Development Account (IDA) * or Individualized Training Account (ITA) until there are sufficient funds available to meet the purpose designated by the consumer. SRS must approve the savings account and purpose of accumulated funds. Consumers must maintain accurate records of savings accounts at all times.

Accumulated funds being saved for an approved purpose will be reflected on the Individualized Budget when a re-assessment is performed and a new budget developed. Accumulated funds will be reflected separately from funds allocated for assistive services.

At the conclusion of the demonstration, any funds accumulated but not designated for an approved purpose must be returned to the State of Kansas. Monthly amounts accumulated will not negatively impact future allotments.

> ***** IDAs are matched savings accounts. Typically run by community-based organizations, the organization "matches" the savings of an enrollee, at an agreed upon rate, for specific purchases such as assistive technology.

D. Procedures and mechanisms to be used to review and adjust payments for Plan for Independence.

The Contractor will conduct a re-determination annually and, if any changes have occurred in the consumer's condition or functional needs, assign a new allocation. The consumer will revise the Plan for Independence to reflect his/her needs, and develop a new Individualized Budget.

If there is a change in the consumer's condition or needs prior to the annual review date, or if any quality issues occur, the consumer may request an adjustment of the Plan for Independence and allocation. The Contractor will re-assess the consumer's needs, and work with the consumer/representative and any other support people the consumer chooses to include in the process, to develop a revised Plan for Independence with services and supports that meet those needs. The Contractor will assign a revised allocation, and the consumer/representative may then revise the Individualized Budget.

If, during the annual review, it is determined that the funds accumulated are excessive, the Plan for Independence and allocation may be adjusted to reflect more accurately the needs of the consumer, as well as the related costs. The Contractor will be responsible for explaining to the consumer the reasons for the adjustment. The consumer/representative can adjust the Individualized Budget accordingly. The consumer/representative will have the opportunity to indicate if extraordinary circumstances contributed to the excessive accumulation of funds, which may result in the allocation not being decreased.

E. Services Which Will Be Cashed Out or Paid Fee-for-Service.

1. Services Cashed Out

a. <u>Personal Services</u> – Personal Services is defined as one or more persons assisting another person with a disability with tasks that the disabled individual would typically do for him/herself in the absence of a disability. Such tasks can be related to personal needs as well

as work-related needs. Such services may include assisting the consumer in accomplishing any Activity of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), or work-related tasks associated with the "normal rhythm of the day."

ADLs include bathing, grooming, toileting, transferring, feeding, mobility, and assistance in obtaining necessary medical services. Health maintenance activities such as monitoring vital signs, supervising and/or training others on nursing procedures, ostomy care, catheter care, enteral nutrition, assistance with or administering medicines, wound care, and range of motion may be provided, when they are delegated by a physician or registered nurse and are documented in the Plan for Independence, in accordance with K.S.A. 65-6201 (b)(2)(A).

IADLs include shopping, housecleaning, meal preparation, laundry, and fiscal management.

Work-related tasks are those activities necessary to sustain paid employment, such as assisting the consumer in understanding job responsibilities, interaction with other employees and the general public, practicing safety measures, symptoms management, and appropriate work behavior, etc.

Personal Services are reimbursed at a rate established by the consumer within the parameters established by the allocated funds.

Personal Services will not go beyond the scope of the Medicaid program and subsume an employer's responsibilities under Title I of the Americans with Disabilities Act (ADA) and the Kansas Act Against Discrimination. Services provided by personal attendants are typically services of a personal nature which a person would perform him/herself in the absence of a disability, such as eating, going to the bathroom, interacting with customers, supervisors, and other staff, etc. Employer responsibilities include reasonable accommodations that would allow a person with a disability to perform his/her job. An example might include shifting tasks that are not essential to the job and that the person with the disability may not be able to perform, such as filing, to another employee. Filing would not be the responsibility of the personal attendant.

Personal services cannot be reimbursed by any other entity, such as Vocational Rehabilitation.

2. Services Paid Fee-for-Service

a. <u>Assistive Services</u> – Assistive Services includes any item, piece of equipment, product system, or environmental modification, which is used to increase, maintain, or improve independence and/or employment. Purchase or rent of new or used assistive technology is limited to those items not covered by Medicaid under the State Plan. Examples include, but are not limited to, ramps, lifts, modifications to bathrooms and kitchens specifically related to accessibility, and assistive technology that improves communication and/or mobility in the home and work place. Assistive Services also includes any service that directly assists an individual with a disability in the selection, acquisition, or use of assistive technology. Consumers may choose, and designate payment for, the provider of their choice. Such services

may not include any services already covered by Medicaid under the State Plan. Environmental modifications may be purchased in rented apartments or homes.

The assistive service(s) purchased must 1) decrease the amount of personal attendant hours required by the consumer over a three year period, or 2) increase the consumer's ability to live independently, or 3) increase or enhance the consumer's employment opportunities, or 4) improve the consumer's health and safety. In order to contain costs, assistive services will have an annual cap.

SRS staff must approve the purchase of assistive services. Prior to the purchase of the assistive service(s), consumers will submit the request to SRS, documenting how it will 1) decrease the amount of personal attendant hours required by the consumer over a three year period, or 2) increase the consumer's ability to live independently, or 3) increase or enhance the consumer's employment opportunities, or 4) improve the consumer's health and safety. SRS will then approve, ask for additional documentation, or not approve, the request. If approved, consumers will be free to choose any vendor who is a Medicaid provider. If the request is not approved and the consumer disagrees, he/she may appeal the decision through the SRS appeal process.

b. <u>Supports Brokerage</u> – Supports Brokerage includes the following:

- assist in obtaining assessments, and re-assessments, for the 1115 Independence Plus Waiver services;

- assist with accessing other systems that will enhance independent living and/or employment;

- assist with developing the Plan for Independence and Individualized Budget;

- assist in locating Fiscal Management Services;

- assist with locating, interviewing, hiring, supervising, and terminating a personal attendant;

- assist in locating emergency back-up care and emergency assistance;

- assist in reporting exploitation and/or emotional and/or physical abuse to SRS Adult Protective Services;

- assist in determining and documenting the need for assistive services;

- assist in planning for and documenting the use of excess funds, and to set up saving accounts for these funds;
- assist with locating and maintaining services such as, but not limited to, child care, transportation, and modifications to homes or vehicles;

- assist with dis-enrolling from the program and accessing waiver and/or other services.

Supports Brokerage is an optional service that consumers may choose to use if, and when, needed. Consumers are not required to use Supports Brokers if they feel they can manage their services without assistance. Supports Brokerage services will have an annual cap, however exceptions will be made for consumers who require additional hours. Consumers are not required to use the maximum number of Supports Brokerage hours available each year.

In order to avoid conflicts of interest, Supports Brokers cannot provide personal assistance services and/or Fiscal Management services for consumers with whom they are providing supports brokerage services. They may, however, be the employees of an agency that provides Fiscal Management services for consumers.

Representatives of consumers cannot be paid providers of personal assistance services, Fiscal Management services, or supports brokerage. They can assist consumers in these services in an unpaid capacity.

F. Alternative health related services that may be approved for participants, as well as procedures for amending the list of services.

Services offered through this demonstration are limited to those listed above. Should SRS decide it is necessary to add services provided, they will submit an amendment to CMS for approval.

VI. DELIVERY SYSTEM

Education, Counseling, Fiscal/Employer Agent and Support Services Descriptions of the following topics will be included:

A. The State's relationship and arrangements with organizations providing enrollment/assessment, counseling, training, and fiscal/employer agent services.

1. Enrollment – SRS staff will determine whether consumers are eligible for *WORK,* and enroll them in the program.

2. Assessment – Community organizations such as CDDOs, CILs, CMHCs, and state licensed Home Health agencies will provide assessments.

3. Orientation/Coordination - SRS will contract with one statewide organization, or several regional organizations, to provide *WORK* orientation for individual consumers, to assign the allocation based on the assessment, to coordinate the development of the Plan for Independence and Individualized Budget, to enter the Plan for Independence into MMIS, and to coordinate re-determinations.

4. Training – The Contractor, using curriculum and written assessments developed by SRS staff, will provide Self-direction and Fiscal Management training.

5. Supports Brokerage – Supports Brokers may be employees of CDDOSs, CILs, CMHCs, and state licensed Home Health agencies that contract with the SRS Medicaid program as providers. Supports Brokers may also be from other organizations, or individual providers, however they must contract with the Kansas Medicaid program as providers. Consumers may choose any of these organizations or individuals to obtain supports brokerage services. Consumers who feel they can direct their own services without the assistance of a Supports Broker are free to do so.

6. Fiscal Management Services – Fiscal Management Services will be provided by CDDOs, CILs, CMHCs, and state licensed Home Health agencies. Fiscal Management Services may also be provided by traditional agencies such as accounting firms. Consumers who do not wish to act as their own fiscal manager may choose a Fiscal Management Service. Consumers also have the option of acting as their own fiscal manager.

B. The procurement mechanism, standards, scope of work and payment process for the fiscal/employer agent.

Consumers may choose CDDOs, CILs, CMHCs, state licensed Home Health agencies, and traditional accounting firms to act as their Fiscal Manager. The scope of work for a Fiscal Manager includes:

- maintaining individual accounts for each consumer;
- performing background checks if requested by the consumer;
- ensuring that consumers are informed of the procedures and forms used to report hours worked and/or a change in workers;
- monitoring the paperwork submitted by the consumer for timeliness, accuracy, and completeness;
- reviewing weekly attendant worker payment invoices for consumer comments or complaints;
- paying attendant wages;
- withholding any applicable taxes, unemployment insurance, worker's compensation, benefits, and any other fees required by State or Federal law;

- providing monthly reports to the consumer and SRS, addressing;

    - funds received;
    - payments made to each attendant;
    - taxes, unemployment insurance, worker's compensation, and other benefits withheld;
    - funds spent on alternative purchases;
    - Fiscal Management fee;
    - total funds disbursed;
    - account balance available for future use.

C. Procedures for ensuring sufficient availability of fiscal/employer agent services for participants who do not pass the mandatory test on employer responsibilities.

In Kansas, CDDOs, CILs, CMHCs, and Home Health agencies have traditionally provided Fiscal Management Services for consumers on HCBS Waivers. These same organizations will be available to provide fiscal management services for consumers participating in ***WORK***. These organizations are located throughout the state. These provider organizations have been supportive of the development of an 1115 Independence Plus Demonstration; therefore there should be sufficient availability of providers.

D. Procedures for mandatory testing of participants related to fiscal and legal responsibilities, and training opportunities and support services available for participants of the demonstration who require assistance with their fiscal and legal responsibilities.

Consumers interested in Self-direction Training will have the option to attend training provided by the Contractor, using curriculum developed or purchased by SRS. This **optional** training will encompass a variety of topics, including recruiting, interviewing, negotiating rates and performing reference checks, hiring, training, and supervising attendants, recognizing and receiving good attendant services, managing their own health, financial management, and rights and responsibilities. The training will highlight adult neglect, abuse, and exploitation, the mechanism for reporting these, and the responsibility to report them. It will also include information about complaints and grievances, Fair Hearing, and Appeal procedures.

The Kansas Medicaid program allows consumers on their HCBS Waivers to self-direct their services without participating in mandated training. This same option will be available to consumers who receive services through ***WORK***. Supports Brokers will be available to consumers to assist them in self-directing their services.

The Contractor, using curriculum developed by SRS staff, for consumers who choose to handle their own fiscal affairs, will offer a mandatory Fiscal Management training program. This training will ensure that consumers understand the need to handle their funds carefully, how to pay their attendants on an established schedule, how to pay all applicable taxes and other payroll deductions, how to provide proof of paying payroll deductions, and to understand the consequences of Medicaid fraud. Consumers will be required to pass a proficiency test before managing their fiscal affairs. Consumers who have previous experience managing their fiscal affairs will have the option of taking the test and receiving a passing score, without completing the training, to demonstrate their proficiency.

E. The procedures for conducting participants background checks on potential providers and informing participants of the results of the criminal background checks.

Consumers may choose to have background checks for their personal attendants. Organizations providing Supports Brokerage and/or Fiscal Management Services can perform the background checks for consumers, or can assist consumers in obtaining background checks. Organizations that perform background checks on behalf of consumers are responsible for informing consumers of the results. Consumers who pursue background checks on their own will receive the information from the organization from which they obtained the background check, including Social and Rehabilitation Services' (SRS) Adult Central Registry, Kansas Department of Health and Environment's (KDHE) Health Occupation Credentialing, the Kansas Bureau of Investigation's (KBI) criminal background check, and local police departments to check drivers licenses for driving history.

VII. ACCESS - OUTREACH/MARKETING/EDUCATION – A description of the State's outreach, marketing, education, and staff training strategy.

SRS staff will be responsible for promoting ***WORK*** and providing information to consumers and community providers such as CILs, CDDOs, CMHCs, state licensed Home Health Agencies, and other community partner organizations throughout the state. Outreach efforts will be extensive. Potential enrollees may also learn about the waiver through the community partner organizations mentioned above, other consumers, and personal assistance providers.

A. Information that will be communicated to enrollees, providers, and State outreach/education/intake staff.

- eligibility criteria for ***Working Healthy***;
- eligibility criteria for ***WORK***;
- application process;
- assessment process;
- services available;
- "Cash and Counseling" model;

- fiscal management options and fiscal responsibilities;
- premium payments versus client obligation *****
- Plan for Independence;
- Individualized Budget;
- reassessment;
- quality assurance;

***** Depending on their countable net income, consumers enrolled in ***Working Healthy*** and ***WORK*** may be required to pay a premium. SRS staff will inform consumers whether they must pay a premium, and what the premium amount will be. Enrollees whose countable income falls below 100% of the Federal Poverty level do not pay a premium. Enrollees whose countable income is above 100% of the Federal Poverty Level pay a premium. Premiums are based on where the consumer's income falls within an established range, however cannot be higher than 7.5% of the consumers income. There is no other cost sharing for consumers enrolled in ***WORK***.

Single Income Households

Monthly Net Income	**Premium**
$ 00.00 - $749	$ 0
$ 749.01 - $936	$ 55.00
$ 936.01 - $1123	$ 69.00
$1123.01 - $1310	$ 83.00
$1310.01 - $1497	$ 97.00
$1497.01 - $1684	$110.00
$1684.01 - $1871	$124.00
$1871.01 - $2060	$138.00
$2060.01 - $2245	$152.00

Two or More Income Households

Monthly Net Income	**Premium**
$ 00.00 - $1010.00	$ 0
$1010.01 - $1263.00	$ 74.00
$1263.01 - $1515.00	$ 93.00
$1515.01 - $1768.00	$112.00
$1768.01 - $2020.00	$130.00
$2020.01 - $2273.00	$149.00
$2273.01 - $2525.00	$168.00
$2525.01 - $2778.00	$186.00
$2778.01 - $3030.00	$205.00

Premiums can be paid for by the consumer, or by another party such as an employer, organization, family member, etc. Premiums will not be included in the allocation for personal assistance services, and will not be reflected in the Individualized Budget.

B. Types of media to be used.

A brochure will be developed describing the program. The brochure will be available in English, Spanish, and other languages as needed, to market the program. The brochure will also be available in alternative formats such as Braille, disc, and large print. The brochure will be written at an educational level that would allow potential enrollees with varying reading levels to comprehend it.

A Power Point presentation will be developed by SRS staff to use in program promotion throughout the state.

A toll-free telephone/TDD hotline will be maintained to provide program information and referrals. The SRS, ***Working Healthy***, Community Supports and Services (CSS) and Mental Health websites will be modified to include information about the availability of ***WORK***, and the services it includes.

SRS will provide interpreters for Spanish-speaking consumers, and consumers who speak other languages. Sign language interpreters or Real-Time captioning will be available for consumers who are hearing impaired.

Direct mailings providing information about ***WORK*** will be sent to all consumers on the DD, HI, PD, and SED Waivers, as well as consumers on the waiting lists for those waivers.

Articles about the ***WORK*** will be included in the monthly CSS, quarterly ***Working Healthy***, and the Kansas Health Care Association newsletters. Other newsletters and publications will be sought and attempts made to include an article about the program, including newsletters for the Hispanic community.

C. Specific geographical areas to be targeted.

Promotion of ***WORK*** will be conducted throughout Kansas.

D. Location(s) where such information will be disseminated.

Information will be disseminated through SRS offices throughout the state, SRS Access Points*****, CILs, CDDOS, CMHCs, state licensed Home Health agencies, and other community provider and consumer run organizations. Benefits Specialists will also provide information at the ***Working Healthy*** display at conferences and workshops throughout the state.

> ***** SRS Access Points are agreements with community partners to provide information about SRS services. Access Points range from a brochure stand in the local grocery store to meeting space in the community library. An Access Point may also be a community partner who provides access to a phone, fax, or the Internet.

E. Staff training schedules, schedules for State forums, or seminars to educate the public.

Orientation and training for consumers and provider organizations will be provided within 60 business days of waiver approval. Orientation and training sessions will be scheduled throughout the state, and consumers and community partner organizations will be informed by

letter, as well as in the SRS ***Working Healthy*** and Community Supports and Services newsletters, of the schedule, times and locations, and invited to attend sessions in their area. These orientations and training sessions will be provided initially prior to and at the beginning of the program, and then on an as-needed basis.

F. The availability of bi-lingual materials/interpretation services and services for individuals with special needs. Include a description of how eligibles will be informed of cost sharing responsibilities.

All ***WORK*** outreach materials will be made available in Spanish. Materials will be available in other languages, as requested. ***Working Healthy*** staff are working with the Kansas Advisory Committee on Hispanic Affairs to determine how best to provide information regarding ***Working Healthy*** and ***WORK*** to the Hispanic community.

Sign language interpreters and Real-Time captioning for consumers who are deaf or hearing-impaired are available through a number of organizations with which SRS contracts, as are print materials in alternative format. Accommodations for consumers with special needs will be provided individually on an as-needed basis.

VIII. QUALITY MANAGEMENT SYSTEM AND EVALUATION PLAN

A. Quality Management System - Description of an overall quality assurance-monitoring plan that includes, but not limited to, the following:

- **quality indicators to be employed to monitor service delivery under the demonstration and the system to be put in place so that feedback from quality monitoring will be incorporated into the program;**
- **the mechanisms the state will utilize to assure the needs of vulnerable populations participating in this demonstration (e.g., the elderly and disabled) are satisfied, and the funds provided to these beneficiaries are used appropriately;**
- **the system the state will operate by which it receives, reviews, and acts upon critical events or incidents, with a description of the critical events or incidents;**
- **case management staff for purposes of monitoring participant health and welfare;**
- **quality monitoring surveys to be conducted, and the monitoring and corrective action plans to be triggered by the surveys;**
- **plans to report survey results, service utilization, and general quality assurance findings to CMS as part of the quarterly and annual reports;**
- **procedures for assuring quality of care and participant safeguards**

- **procedures for insuring against duplication of payment between the demonstration, fee for service, and Home and Community Based Services programs; and fraud control provisions and monitoring.**

1. Participant Access

SRS believes that it is essential to the success of ***WORK*** that consumers are knowledgeable about the services available and able to access them, and assures that:

- marketing of ***WORK*** will be a thorough, statewide effort to ensure that consumers and providers have sufficient information regarding the new demonstration;

- consumers will have a clear understanding of ***WORK*** eligibility criteria, how to enroll, what services are provided, etc.;

- eligibility for ***WORK*** will be determined within 30 days of application;

- ***WORK*** will have no waiting list;

- consumers will have the support necessary to design their Plan for Independence;

- consumers will have the support necessary to develop their Individualized Budget;

- consumers, with the assistance of community provider organizations, will be able to locate personal attendants, Supports Brokers, and Fiscal Management Services.

2. Participant-Centered Service Planning and Delivery.

With their strong history of, and commitment to, consumer directed services, SRS guarantees that:

- the Contractor(s) will have staff available to orient consumers to ***WORK***, provide optional Self-Direction training, and mandatory Fiscal Management training for those who choose to handle their fiscal affairs;

- consumers or their representatives will be able to design their own Plan for Independence, and to include significant persons and/or a Supports Broker in the development process;

- consumers or their representatives will be able to develop their Individualized Budgets, and to include significant persons and/or a Supports Broker in the development process;

- consumers are free to hire attendants of their choice, to pay attendants a wage within the parameters of their allocation, and to schedule attendants to meet their personal needs;

- consumers will be able to choose a Supports Broker from a variety of community providers, including but not limited to, CDDOs, CILs, CMHCs, and state licensed Home Health agencies;

- consumers will not be limited to providers specific to their disability, nor are they limited to providers in their area;

- consumers who do not feel the need for the services of a Supports Broker are free to choose not to have one;

- consumers are free to choose their own Fiscal Management Services from a variety of community providers, including but not limited to, CDDOs, CILs, CMHCs, state licensed Home Health agencies, accounting firm, or accountant;

- consumers who wish to are free to perform their own fiscal management once they have completed a Fiscal Management training program.

3. Provider Capacity and Capabilities.

SRS is confident that existing provider networks will be sufficient to support ***WORK*** and guarantee that:

- a sufficient number of community providers will be available, including CDDOs, CILs, CMHCs, and state licensed Home Health agencies, to perform assessments for waiver services;

- a sufficient number of Supports Brokers will be available from the existing provider network for consumers choosing to use a Supports Broker;

- a sufficient number of Fiscal Management Services will be available from the existing and expanded provider network for consumers choosing this service;

- with the assistance of CDDOs, CILs, CMHCs, state licensed Home Health agencies, and other community providers, consumers will be able to locate personal attendants to provide personal assistance services

4. Participant Safeguards

While respecting the right of consumers to control and direct their supports, SRS is also committed to their health and safety, including the following safeguards:

- consumers, with the assistance of the Contractor and/or a Supports Broker, will determine their emergency back-up plan should an attendant not arrive at the scheduled time;

- consumers will document in their Plans for Independence an emergency back-up plan that will ensure their health and safety;

- SRS staff will review the Plan for Independence to ensure that it includes an emergency back-up plan, and that the plan is adequate;

- consumers will have the option to obtain background checks on their personal attendants;

- consumers will be educated about Medicaid fraud and abuse, as well as its consequences, during the ***WORK*** orientation;

- SRS will investigate all crises or critical events.*****

- consumers may file a grievance ****** expressing dissatisfaction with aspects of *WORK*;

- consumers will be educated about abuse, neglect, exploitation, and fiduciary abuse during the ***WORK*** orientation, and provided with the SRS contact information for reporting purposes;

- SRS will investigate all reports of abuse, neglect, exploitation, and fiduciary abuse *******;

- SRS will collect and maintain data regarding the number of reports of abuse, neglect, exploitation, and fiduciary abuse, whether founded or unfounded, and the action taken;

- SRS will analyze this data for patterns indicating problems within the program, and make program adjustments accordingly;

- consumers have the right to appeal any action(s) ******** taken by SRS, the contractor, or a provider.

- SRS will collect and maintain data regarding how many grievances and appeals are filed, and the outcome;

- SRS will analyze this data for patterns indicating problems within the program, and make program adjustments accordingly.

***** A crises or critical event is defined as any event with negative consequences that is substantial or significant in the person's life, such as:

Maltreatment: these would be events of physical, mental, emotional, sexual harm or financial exploitation, including, but not limited to, the events that rise to an Adult Protective Services level of reporting. These may be incidents of maltreatment toward a person from a friend, intimate partner, and family member, paid staff person or an individual in the community that results in any negative outcome for the person.

Medical Injuries / Issues: the person experienced an unexpected medical urgency and/or hospitalization, or an unexplained or reasonably preventable injury. (Urgency would include, but goes beyond emergencies; it includes situations that indicate pressing, imperative or significant medical issues that need to be attended to with or for the person that was reasonably preventable.
Unexpected is defined as an event / situation / happening that is not planned for and is not recurring or usual for the person involved. This would include physical or mental events that are not the norm or typical for this person, either in type of event or intensity of event. Reasonably preventable is defined as a reasonable caregiver, equipped with training/resources to meet the individuals' need, would most likely shield, buffer, hinder or keep the incident from occurring.)

Criminal Justice Issues: This includes any time the person has contact with a law enforcement officer or agency in which the person is involved either as a potential suspect or target of investigation as a suspect involving criminal activity. This would include any event a paid staff member or a caregiver has utilized law enforcement to respond to the individuals' behavior in acting out, threatening, or other challenging behaviors or behavior support needs. (These reports would not include minor medication errors, minimal physical interactions between people receiving services, concerns expressed about staffing patterns or other program issues. Routine complaints would be handled on a case-by-case basis by SRS staff. Staff will address the individual's issue(s). If the problem is systemic rather than unique to one individual, SRS staff will meet to review the problematic policy/procedure, and make the necessary changes).

****** A grievance is defined as including, but not limited to, quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or SRS employee, or failure to respect the right of the consumer. A grievance can be made verbally or in writing. A grievance may be filed within six months (180 days) of a consumer's dissatisfaction with the situation. The

consumer will be contacted within four working days to determine the specifics of the situation. Disposition of the grievance will be within 30 calendar days. If the disposition of the grievance cannot be completed in this timeframe, the consumer will be notified of the expected date of the disposition.

******* Abuse, Neglect, Exploitation, and Fiduciary Abuse are defined as:

Abuse – Any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm to an adult, including:

- infliction of physical or mental injury;

- any sexual act with an adult when the adult does not consent or when the other person knows or should know that the adult is incapable of resisting or declining consent to the sexual act due to mental impairment or disease or due to fear of retribution or hardship;

- unreasonable use of physical restraint, isolation or medication that harms or is likely to harm an adult;

- unreasonable use of a physical or chemical restraint, medication or isolation as punishment, for convenience, in conflict with a physician's orders or as a substitute for treatment, except where such conduct or physical restraint is in the furtherance of the health and safety of the adult;

- a threat or menacing conduct directed toward an adult that results or might reasonably be expected to result in fear or emotional or mental distress to an adult;

- fiduciary abuse; or

- omission or deprivation by a caretaker or another person of goods or services that are necessary to avoid physical or mental harm or illness.

Neglect – The failure or omission by one's self, caretaker, or another person with a duty to supply or provide goods or services that are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness.

Exploitation – Misappropriation of an adult's property or intentionally taking an unfair advantage of an adult's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense by a caretaker or another person.

Fiduciary Abuse – A situation in which any person who is the caretaker of, or who stands in a position of trust to, an adult who takes, secrets, or appropriates

their money or property to any use or purpose not in the due and lawful execution of such person's trust or benefit.

******** An action is defined as the denial or limited authorization of a requested service, including the type of level of service; the reduction, suspension, or termination of a previously authorized service; the denial, in whole or part, of payment for a service; or the failure of the health plan to act within established time requirements for service accessibility. Dissatisfied consumers may appeal an action.

Appeal – An appeal may be filed verbally, but must be followed by a written request for an appeal. The appeal must be filed within 30 calendar days of the receipt of the notice or action. The appeal must be resolved within 30 calendar days or, if not resolved, the appellant must be notified of the expected day of resolution. The final resolution, with extension, shall be no more than 45 calendar days from the day the appeal is received.

Fair Hearing – Consumers dissatisfied with the appeal resolution may make a written request for a Fair Hearing to the Office of Administrative Hearings. The request must be in writing within 30 days of the notice of the appeal resolution. All hearing dates, resolutions, and notifications will follow the timelines prescribed by the Office of Administrative Hearings within 90 days of when the appeal is filed. The decision of the Hearing Office will be based on the facts presented, and the laws and regulations related to the issue. The appellant must be notified by mail of the decision.

Judicial Review - The consumer has the right to file a petition for a Judicial Review in the appropriate District Court within 30 days of the order being issued.

5. Participant Rights and Responsibilities

a. Participant Rights

- consumers have the right to be informed about the ***WORK*** demonstration;
- consumers enrolled in ***WORK*** have the right to have the personal assistance services, inside and outside of the home, at a level that supports employment;
- consumers have the right to timely enrollment and orientation to ***WORK***;
- consumers have the right to a person-centered planning process, when they develop their Plans for Independence and Individualized Budgets;

- consumers have the right to the supports needed to develop their Plans for Independence and Individualized Budgets, including any or all of the following; a representative, family, friends, the Contractor, and a Supports Broker;

- consumers have the right to all of the services they are entitled to through the Kansas Medicaid program;

- consumers have the right to have personal or program issues reviewed by SRS and, if necessary, a plan of action by SRS to correct any problems;

- consumers have the right to report abuse, neglect, and exploitation;

- consumers have the right to have reports of abuse, neglect, and exploitation investigated by SRS;

- consumers have the right to file a grievance regarding ***WORK*** or appeal actions taken by SRS, the Contractor, or a provider;

b. <u>Participant Responsibilities</u>

- Consumers have the responsibility to ensure that their Plan for Independence includes the supports necessary to ensure that they can live and work safely in their home and community.

- Consumers have the responsibility to include an emergency back-up plan in the Plan for Independence that ensures adequate coverage in the event that their scheduled attendants(s) does not come.

- Consumers choosing to manage their attendants will be responsible for the following:

  - become familiar with, and be able to complete, all required paperwork;
  - decide whether to obtain a background check for attendant(s);
  - determine reimbursement rates and benefits;
  - pay, or hire a Fiscal Management Service to pay attendant wages, applicable taxes, unemployment insurance, workers' compensation, benefits, and any other withholdings required by State or Federal government;
  - include in their Plan for Independence an emergency back-up plan;
  - bring to the attention of SRS staff any concerns they have regarding the quality of their attendants and/or services;
  - report abuse, neglect, or exploitation to SRS;

- Consumers have the responsibility to budget their allocation in a way that meets their individual needs, and to spend the funds only on those services and/or goods that are consistent with the intent of the demonstration.

- Consumers have the responsibility to report and account for any unexpended funds from their allocation.

- Consumers have the responsibility to request the permission of SRS to establish a savings account, IDA, or Individualized Training Account using unexpended funds from their allocation.

- Consumers have the right to provide their own fiscal management once they have completed a mandatory Fiscal Management training program. (Consumers providing their own fiscal management who are determined to have mismanaged funds will no longer be permitted to manage their funds and will be required to use a Fiscal Management Service. Consumers may also be required to reimburse SRS for funds spent inappropriately).

- Consumers choosing to assume fiscal management will be responsible to maintain separate checking and savings accounts for Independence Plus funds, and will provide a monthly report the first six months and quarterly thereafter to the Contractor which includes the following information:

    - funds received;
    - payments made to each attendant;
    - taxes, unemployment insurance, worker's compensation, and other benefits withheld;
    - funds spent on alternative purchases;
    - total funds disbursed;
    - ***WORK*** checking account balance;
    - ***WORK*** savings account or IDA balance for approved purchase(s)

6. Participant Outcomes and Satisfactions

a. <u>Outcomes</u>

- Consumers with developmental, head injury and physical disabilities, as well as those with severe and persistent mental illness, requiring personal attendant services to live and work in the community, will have these services available to them.

- Consumers with developmental, head injury and physical disabilities, as well as those with severe and persistent mental illness, requiring personal attendant

services to live and work in the community, will be able to enroll in ***Working Healthy***.

- The ***WORK*** demonstration will result in an increasing number of people with developmental, head injury and physical disabilities, and severe and persistent mental illness, becoming employed.

- The ***WORK*** demonstration will result in improved ability to live and work in the community, as perceived by consumers accessing the demonstration.

b. <u>Satisfactions</u>

- Consumers will be given the opportunity to complete ***WORK*** satisfaction surveys following the first six months of enrollment and annually thereafter, which will assess such issues as:

  - satisfaction with the Contractor;
  - satisfaction with the Supports Broker, if using one;
  - satisfaction with Fiscal Management Services, if using one;
  - satisfaction with their personal attendants;
  - satisfaction with the SRS staff involved in ***WORK***;
  - overall satisfaction with ***WORK***.

- Consumers will be given the opportunity to complete "*Quality of Life*" surveys related to the ***WORK*** demonstration, which will assess such issues as:

  - perceived impact on their ability to live independently;
  - perceived impact on their ability to access their community;
  - perceived impact regarding ability to maintain or enhance employment opportunities;
  - perceived impact on their economic status;
  - perceived impact on their health status.

- Consumers who dis-enroll from ***WORK*** will receive a survey requesting the following information:

  - their reasons for leaving the waiver;
  - whether any of their needs were unmet while enrolled on the waiver;
  - whether they received assistance from SRS and/or the Contractor to access other services

- SRS will conduct face-to-face interviews of ***WORK*** enrollees annually to discuss their satisfaction with services, the program, etc.

7. Systems Performance

Systems performance will be measured in a number of ways, including:

- Consumer' satisfaction with ***WORK***;
- Consumers' perception of the impact of ***WORK*** on the their quality-of-life;
- ***WORK*** Advisory Council input;
- Number of complaints received, and outcomes of the complaints;
- Number of grievances filed, and outcomes of the grievances;
- Number of appeals filed, and outcomes of the appeals;
- Number of reports of abuse, neglect, exploitation, and fiduciary abuse, and actions taken;
- Number of Medicaid Fraud and Abuse investigations related to ***WORK***;
- Contractor input;
- Provider organizations input; and
- Advocacy organizations input.

8. Evaluation Plan

A description of the State's evaluation design. The description will include the following:

- **discussion of the demonstration hypotheses that will be tested;**
- **outcome measures that will be included to evaluate the impact of the demonstration;**
- **what data will be utilized;**
- **methods of data collection;**
- **effects of the demonstration will be isolated from those other initiatives occurring in the State;**
- **any other information pertinent to the State's evaluative or formative research via the demonstration operations; and**
- **plans to include interim evaluation findings in the quarterly and annual progress reports (primary emphasis on reports of services being purchased and participant satisfaction.)**

Consumers with developmental and physical disabilities, and head injuries, are under-represented in the Kansas Medicaid Buy-In Program, ***Working Healthy***. As of December 2003, only 75 individuals who receive services through the Head Injury (HI), Physical Disability (PD), and Severely Emotionally Disturbed (SED) waivers are working. While the numbers of individuals on the Developmental Disability (DD) Waiver who work are significantly higher, a relatively small number are reported to be working in a competitive setting at 40 hours per month or more.

The evaluation component of this project will test the hypothesis that an increased number of consumers with these disabilities will go to work and enroll in ***Working Healthy*** if they have sufficient personal assistance services needed to support and maintain employment. Further, evaluation activities will be conducted to test whether employed consumers with these disabilities, when given the opportunity to control the hiring, training, scheduling, and fiscal management of their personal assistant(s), will:

- self-report improved outcomes in their overall physical and emotional health;
- increase work hours because of their improved health and the opportunity to have a higher income;
- increase their premium amounts as they increase income;
- increase their satisfaction with their ability to live, work, and participate in their community.

Finally, evaluation activities will be used to investigate if participation in ***WORK*** results in decreased Medicaid costs in general, as well as for specific kinds of services, e.g., inpatient care.

Data for the evaluation will come from four sources:

- written surveys;
- administrative files;
- one-on-one interviews with ***WORK*** participants; and
- feedback from an advisory panel comprised of consumers, advocates, and service providers.

A written survey will be mailed to participants at the time of their enrollment, and will measure baseline scores on self-reported health status, employment level, quality of life and a variety of demographics including age, race, sex, disability, educational level and parental and marital status. For the first 18 months, the surveys will be administered every six months to track changes in participants' scores over time; thereafter, the surveys will be administered annually. The continuing surveys will also measure ***WORK*** participants' satisfaction with the program and the types and perceived effectiveness of services being utilized. Statistical methods such as analysis of variance, paired t-tests, and tests of binomial distribution will be used to quantify differences in the survey measures of participants over time. Finally, dis-enrollment surveys will be mailed to any ***WORK*** participant who leaves the program so that reasons for leaving can be documented and appropriate program improvements can be made. All of the surveys will be available in alternate formats and languages upon request.

Administrative data will be used to document changes in enrollment in ***WORK***, premium levels paid by participants, and their levels and types of service utilization. Expenditure data will be used to demonstrate cost neutrality, in the aggregate, of the program as compared to services used by WORK participants prior to their enrollment in ***WORK***.

Interview data will be used to supplement the survey and administrative data to identify issues of concern and/or positive aspects of the program not evident from the other data. Similarly, the advisory panel will provide a forum for service providers and consumers to provide feedback to program staff. The panel will be comprised of at least 51% people with disabilities and will meet on a quarterly basis.

All of the data sources will be used as the basis for formative change. For example, if people from particular disability groups, ages, racial or ethnic minorities, etc. are under-represented among program enrollees or report significantly different levels of satisfaction, these data will be used to make mid-course changes in the implementation of the waiver. Interim reports on survey, administrative, interview and advisory panel data will be provided to CMS.

As current enrollees in ***Working Healthy***, the Kansas Medicaid Buy-In program, do not have access to waiver services, the effects of the ***WORK*** program will be readily distinguishable from those of the Medicaid Buy-In program itself. Survey scores from other ***Working Healthy*** enrollees can be compared to those of ***WORK*** enrollees to gauge whether the two groups differ from each other on the various measures**.**

IX. SYSTEM SUPPORTS

A. SRS

- provide outreach, orientation, and training for consumers, community providers, and Fiscal Management Services, regarding ***WORK***;
- review the Plan for Independence to ensure that consumers' needs are identified and all necessary services and supports that will meet the consumers' needs are included;
- review the Plan for Independence for an adequacy of the emergency back-up;
- review the Plan for Independence entered into the Kansas Medicaid Management Information Systems (MMIS);
- review the Individualized Budget for the appropriate number of hours of care and funds appropriately distributed;
- oversee the distribution of funds to consumers;
- review participant's actual spending compared with their Plan for Independence and Individualized Budget;
- prior authorize any purchases made with excess funds;

- prior authorize savings accounts for specific purchases that will promote independence and/or employment;

- audit a percentage of consumer accounts annually;

- audit providers of Fiscal Management Services on an established basis;

- annually review savings accounts established by consumers using their allocation;

- review consumer or attendant's complaints, and take appropriate action, if necessary;

- conduct an annual face-to-face interview with demonstration enrollees;

- review the number of, and outcomes of, abuse, exploitation, and neglect reports, compile, analyze trends, and make necessary program changes;

- ensure that the Contractor complies with the terms of the contract;

- provide information regarding complaint, grievance, and appeal policies and procedures;

- address systemic issues within the ***WORK*** demonstration, and make policy and procedural adjustments as needed;

- in conjunction with University of Kansas staff, coordinate data collection, compile and analyze survey results, draw conclusions, and make adjustments to the program as needed;

- establish a ***WORK*** Advisory Council, comprised of ***WORK*** enrollees, SRS staff, community providers, and advocates;

- submit quarterly and annual reports to CMS, which include service utilization and quality assurance findings**.**

B. Contractor

- accept referrals, check to ensure that consumers are eligible for ***Working Healthy***, and orient consumers to ***WORK***;

- provide Self-Direction Training for consumers interested in obtaining this training;

- provide Fiscal Management Training for those who choose to handle their own finances without the assistance of a Fiscal Manager;

- notify SRS which consumers will act as their own Fiscal Managers;

- monitor on a monthly basis checking and savings accounts of those performing their own fiscal management;

- assist consumers in the development of a consumer centered Plan for Independence, including members of the consumer's personal support team in the development of the plan;

- enter the Plan for Independence into the MMIS;

- assist consumers, and significant others they may choose to include, in the development of their Individualized Budget;

- provide information regarding the community organizations who can employ Supports Brokers, can provide Fiscal Management Services, and/or can direct consumers to personal attendants;

- communicate to SRS, using standard SRS forms, consumers moving on to or off of ***WORK***;

- educate consumers about abuse, exploitation and neglect, and provide information regarding where to report these;

- provide information regarding complaint, grievance, and appeal policies and procedures;

C. MMIS Contractor

- ensure that all payments are processed on a certified Medicaid Managed Information System that includes a Fraud and Abuse Detection System and Claims Payment and Adjudication System designed to avoid duplicate payments between the various Medicaid programs in the State;

- send the consumer, or the consumer's Fiscal Management Service, the monthly allocation specified in the Plan for Independence;

- coordinate quarterly meetings of the Home and Community Based Special Services Team to select a random sampling of claims for review; review the selected claims; provide a report regarding each of the selected claims

documenting inappropriate billing; and prepare the documentation of inappropriate billings and request for reimbursement from the provider organization;

- send the Contractor the monthly eligibility file.

D. Supports Brokers

- address consumers' needs for counseling and support on an individual basis, recognizing the differences in people's life experiences and needs;
- assist consumers in developing their Plans for Independence;
- assist consumers in developing their Individualized Budgets;
- assist consumers, as needed, in establishing and maintaining a relationship with a Fiscal Management Service;
- assist consumers in accessing services, supports, and emergency back-up care;
- assist consumers in directing their personal care, including but not limited to, providing lists of personal attendants, and assisting with recruiting, interviewing, hiring, training, evaluating, and terminating attendants;
- contact consumers at least monthly during the first six months of enrollment, and later at least quarterly, to discuss their satisfaction with the demonstration, concerns, problems, etc;
- assist consumers in obtaining prior authorization for a savings account and/or IDA;
- assist consumers in establishing a savings account and/or IDA;
- assist consumers in monitoring savings accounts or IDAs;
- assist consumers in obtaining reassessments;
- assist consumers in notifying SRS if problems arise;
- assist consumers in reporting abuse, neglect, and exploitation to SRS.

- provide information regarding the SRS complaint, grievance, and appeal policies and procedures, as well as similar policies and procedures within their own agencies;

- assist consumers during a crisis and with critical events.

E. Fiscal Management Services

- maintain individual accounts for each consumer;

- perform background checks on potential attendants as requested by the consumer;

- ensure that consumers are informed of the procedures and forms used to report hours worked and/or a change in workers, as well as the timelines for submitting paperwork to ensure timely payments to attendants;

- monitor the paperwork submitted by the consumer for timeliness, accuracy, and completeness;

- submit incorrect paperwork to the consumer for correction;

- ensure that Medicaid funds are accounted for and paid according to the Plan for Independence;

- ensure that the services delivered and paid for are covered services under the Plan for Independence;

- review weekly attendant worker payment invoices for consumer comments or complaints;

- pay attendant wages and withhold any applicable taxes, unemployment insurance, workers' compensation, benefits, and any other fees required by State or Federal law;

- establish and maintain quality assurance programs which monitor and evaluate services;

- provide monthly reports to the consumer and SRS which include the following information:

    - funds received;
    - payments made to each attendant;

- taxes, unemployment insurance, worker's compensation, and other benefits withheld;
- funds spent on alternative purchases;
- funds deposited in savings accounts and/or IDAs;
- Fiscal Management Services fees;
- total funds disbursed;
- account balance available for future use.

F. University of Kansas

- review, compile, and analyze for trends ***WORK*** satisfaction and quality-of-life surveys and one-on-one interviews, and report findings to SRS;

- identify problematic and systemic issues, and report these to SRS;

- maintain data on ***WORK*** enrollees;

- report demonstration outcomes to SRS.

I. BUDGET NEUTRALITY

Combined worksheet

	HISTORIC DATA: BASE YEAR (by) AND 4 PRIOR YEARS						DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION							
SPECIFY TIME PERIOD:					Base Year:		TREND	MONTHS	DEMONSTRATION YEARS (DY)					TOTAL
	SFY 2000	SFY 2001	SFY2002	SFY 2003	SFY 2004	5-YEARS	RATE	OF AGING	DY 01	DY 02	DY 03	DY 04	DY 05	WOW
TOTAL EXPENDITURES FOR PERSONAL CARE SERVICE CONSUMERS														
SERVICE CATEGORIES														
HCBS SERVICES	$ 230,688,229	$ 245,082,087	$ 261,439,283	$ 268,437,916	$ 285,706,707	$ 1,291,354,222								
HOME HEALTH SERVICES	$ 9,271,363	$ 10,543,669	$ 11,486,097	$ 5,818,331	$ 4,170,811	$ 41,290,272								
PERSONAL CARE SERVICES (PCS)	$ 2,991,573	$ 3,819,369	$ 5,091,713	$ 4,856,563	$ 4,172,339	$ 20,931,557								
HOSPICE	$ 322,108	$ 278,910	$ 279,175	$ 174,726	$ 171,708	$ 1,226,627								
NEM TRANSPORTATION	$ 1,614,577	$ 2,022,695	$ 1,925,862	$ 1,841,003	$ 1,446,238	$ 8,850,376								
DURABLE MEDICAL EQUIPMENT	$ 2,867,467	$ 3,131,223	$ 3,436,028	$ 3,314,971	$ 2,955,861	$ 15,705,550								
TARGETED CASE MANAGEMENT	$ 307,485	$ 531,623	$ 593,165	$ 730,363	$ 665,579	$ 2,828,215								
EARLY INTERVENTION/ACIL	$ 2,514,872	$ 3,390,192	$ 4,326,054	$ 4,296,214	$ 5,281,727	$ 19,809,058								
TOTAL	$ 250,577,674	$ 268,799,770	$ 288,577,377	$ 289,470,087	$ 304,570,970	$ 1,401,995,878			$ 325,444,722	$ 341,698,687	$ 358,764,439	$ 376,682,520	$ 395,495,499	$ 1,798,085,867
PCS CONSUMER MEMBER MONTHS	102,189	108,719	123,446	131,217	128,934	594,505	5.98%	12	139,064	147,380	156,193	165,533	175,432	
TOTAL COST PER CONSUMER	$ 2,452.10	$ 2,472.43	$ 2,337.68	$ 2,206.04	$ 2,362.22	$ 2,358.26	-0.93%	12	$ 2,340	$ 2,318	$ 2,297	$ 2,276	$ 2,254	
TREND RATES						5-YEAR								
			ANNUAL CHANGE			AVERAGE								
TOTAL EXPENDITURE		7.27%	7.36%	0.31%	5.22%	5.00%			BUDGET CEILING AT STATE'S HISTORY:				$ 1,798,085,867	
PCS CONSUMER MEMBER MONTHS		6.39%	13.55%	6.30%	-1.74%	5.98%								
TOTAL COST PER CONSUMER		0.83%	-5.45%	-5.63%	7.08%	-0.93%								
							DEMONSTRATION WITH WAIVER (W/W) BUDGET PROJECTION							
									DEMONSTRATION YEARS (DY)					TOTAL
PCS CONSUMER MEMBER MONTHS (MM)							TREND RATE	MONTHS OF AGING	DY 01	DY 02	DY 03	DY 04	DY 05	W/W
				AGENCY CONSUMERS MM			0.0598	12	124,601	132,052	139,949	148,318	157,187	
				CONSUMERS CASHING OUT MM			0.0598	12	14,463	15,327	16,244	17,215	18,245	
PERCENT OF CONSUMERS CASHING OUT:			10.40	10%										
			TOTAL COST PER AGENCY CONSUMER				-0.0093	12	$ 2,340	$ 2,318	$ 2,297	$ 2,276	$ 2,254	$ 11,486
		TOTAL COST PER CONSUMERS CASHING OUT					-0.0093	12	$ 2,340	$ 2,318	$ 2,297	$ 2,276	$ 2,254	$ 11,486
PERCENT COST REDUCTION:			0	0%										
TOTAL W/W									$ 325,444,722	$ 341,698,687	$ 358,764,439	$ 376,682,520	$ 395,495,499	$ 1,798,085,867
SAVINGS									$ -	$ -	$ -	$ -	$ -	$ -

Developmentally Disabled Participants worksheet

	HISTORIC DATA: BASE YEAR (by) AND 4 PRIOR YEARS						DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION							
SPECIFY TIME PERIOD:					Base Year:		TREND	MONTHS	DEMONSTRATION YEARS (DY)					TOTAL
	SFY 2000	SFY 2001	SFY2002	SFY2003	SFY 2004	5-YEARS	RATE	OF AGING	DY 01	DY 02	DY 03	DY 04	DY 05	WOW
TOTAL EXPENDITURES FOR PERSONAL CARE SERVICE CONSUMERS														
SERVICE CATEGORIES														
HCBS SERVICES	$169,622,334	$175,727,507	$189,149,143	$194,210,617	$204,580,922	$933,290,523								
HOME HEALTH SERVICES	$ 3,592,296	$ 4,014,944	$ 4,258,893	$ 1,692,791	$ 1,148,483	$ 14,707,407								
PERSONAL CARE SERVICES (PCS)	$ 2,883,848	$ 3,819,059	$ 5,091,713	$ 4,822,298	$ 4,093,223	$ 20,710,141								
HOSPICE	$ 77,169	$ 17,807	$ 55,717	$ 54,678	$ 75,568	$ 280,939								
NEM TRANSPORTATION	$ 325,903	$ 417,340	$ 475,125	$ 498,747	$ 449,827	$ 2,166,942								
DURABLE MEDICAL EQUIPMENT	$ 1,707,385	$ 1,679,698	$ 1,990,922	$ 1,804,333	$ 1,548,463	$ 8,730,801								
TARGETED CASE MANAGEMENT	$ 76,763	$ 254,158	$ 261,565	$ 342,026	$ 302,194	$ 1,236,705								
EARLY INTERVENTION/ACIL	$ 2,118,914	$ 2,795,611	$ 3,493,862	$ 3,278,690	$ 3,677,838	$ 15,364,915								
TOTAL	$180,404,612	$188,726,124	$204,776,939	$206,704,180	$215,876,517	$996,488,372			$225,782,173	$236,142,357	$246,977,926	$258,310,694	$ 270,163,474	$1,237,376,624
PCS CONSUMER MEMBER MONTHS	57,113	55,976	66,579	69,799	66,336	315,803	3.81%	12	68,863	71,487	74,211	77,038	79,973	
TOTAL COST PER CONSUMER	$ 3,158.73	$ 3,371.55	$ 3,075.70	$ 2,961.42	$ 3,254.29	$ 3,155.41	0.75%	12	$ 3,279	$ 3,303	$ 3,328	$ 3,353	$ 3,378	
TREND RATES						5-YEAR								
		ANNUAL CHANGE				AVERAGE								
TOTAL EXPENDITURE		4.61%	8.50%	0.94%	4.44%	4.59%			BUDGET CEILING AT STATE'S HISTORY:				$1,237,376,624	
PCS CONSUMER MEMBER MONTHS		-1.99%	18.94%	4.84%	-4.96%	3.81%								
TOTAL COST PER CONSUMER		6.74%	-8.78%	-3.72%	9.89%	0.75%								
							DEMONSTRATION WITH WAIVER (W/W) BUDGET PROJECTION							
									DEMONSTRATION YEARS (DY)					TOTAL
PCS CONSUMER MEMBER MONTHS (MM)							TREND RATE	MONTHS OF AGING	DY 01	DY 02	DY 03	DY 04	DY 05	W/W
				AGENCY CONSUMERS MM			0.0381	12	65,076	67,555	70,129	72,801	75,575	
				CONSUMERS CASHING OUT MM			0.0381	12	3,787	3,932	4,082	4,237	4,399	
PERCENT OF CONSUMERS CASHING OUT:			5.5	6%										
			TOTAL COST PER AGENCY CONSUMER				0.0075	12	$ 3,279	$ 3,303	$ 3,328	$ 3,353	$ 3,378	$ 16,641
		TOTAL COST PER CONSUMERS CASHING OUT					0.0075	12	$ 3,279	$ 3,303	$ 3,328	$ 3,353	$ 3,378	$ 16,641
PERCENT COST REDUCTION:			0	0%										
TOTAL W/W									$225,782,173	$236,142,357	$246,977,926	$258,310,694	$ 270,163,474	$1,237,376,624
SAVINGS									$ -	$ -	$ -	$ -	$ -	$ -

Physically Disabled Participants worksheet

	HISTORIC DATA: BASE YEAR (by) AND 4 PRIOR YEARS						DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION							
SPECIFY TIME PERIOD:					Base Year:		TREND	MONTHS	DEMONSTRATION YEARS (DY)					TOTAL
	SFY 2000	SFY 2001	SFY2002	SFY2003	SFY 2004	5-YEARS	RATE	OF AGING	DY 01	DY 02	DY 03	DY 04	DY 05	WOW
TOTAL EXPENDITURES FOR PERSONAL CARE SERVICE CONSUMERS														
SERVICE CATEGORIES														
HCBS SERVICES	$52,221,719	$57,127,081	$60,004,715	$59,811,370	$58,995,176	$288,160,060								
HOME HEALTH SERVICES	$ 5,305,001	$ 6,232,060	$ 6,980,323	$ 3,965,106	$ 2,886,039	$ 25,368,529								
PERSONAL CARE SERVICES (PCS)	$ 107,725	$ 310	$ -	$ 813	$ 25,480	$ 134,327								
HOSPICE	$ 244,939	$ 261,103	$ 223,458	$ 120,047	$ 96,140	$ 945,688								
NEM TRANSPORTATION	$ 1,217,501	$ 1,437,922	$ 1,287,326	$ 1,194,699	$ 849,478	$ 5,986,927								
DURABLE MEDICAL EQUIPMENT	$ 1,136,524	$ 1,412,082	$ 1,406,609	$ 1,464,135	$ 1,359,378	$ 6,778,728								
TARGETED CASE MANAGEMENT	$ 26,700	$ 68,364	$ 89,594	$ 62,826	$ 49,345	$ 296,828								
EARLY INTERVENTION/ACIL	$ 18,015	$ 6,417	$ 9,342	$ 9,173	$ 6,609	$ 49,556								
TOTAL	$60,278,125	$66,545,340	$70,001,365	$66,628,168	$64,267,645	$327,720,643			$65,302,118	$66,353,242	$67,421,285	$68,506,519	$ 69,609,222	$337,192,385
PCS CONSUMER MEMBER MONTHS	38,448	43,246	44,923	46,480	44,005	217,102	3.43%	12	45,514	47,076	48,690	50,360	52,088	
TOTAL COST PER CONSUMER	$ 1,567.78	$ 1,538.76	$ 1,558.25	$ 1,433.48	$ 1,460.46	$ 1,509.52	-1.76%	12	$ 1,435	$ 1,410	$ 1,385	$ 1,360	$ 1,336	

TREND RATES						5-YEAR
		ANNUAL CHANGE				AVERAGE
TOTAL EXPENDITURE		10.40%	5.19%	-4.82%	-3.54%	1.62%
PCS CONSUMER MEMBER MONTHS		12.48%	3.88%	3.47%	-5.32%	3.43%
TOTAL COST PER CONSUMER		-1.85%	1.27%	-8.01%	1.88%	-1.76%

BUDGET CEILING AT STATE'S HISTORY: $337,192,385

DEMONSTRATION WITH WAIVER (W/W) BUDGET PROJECTION								
			DEMONSTRATION YEARS (DY)					TOTAL
PCS CONSUMER MEMBER MONTHS (MM)	TREND RATE	MONTHS OF AGING	DY 01	DY 02	DY 03	DY 04	DY 05	W/W
AGENCY CONSUMERS MM	0.0343	12	40,508	41,897	43,334	44,821	46,358	
CONSUMERS CASHING OUT MM	0.0343	12	5,007	5,178	5,356	5,540	5,730	
PERCENT OF CONSUMERS CASHING OUT: 11 11%								
TOTAL COST PER AGENCY CONSUMER	-0.0176	12	$ 1,435	$ 1,410	$ 1,385	$ 1,360	$ 1,336	$ 6,926
TOTAL COST PER CONSUMERS CASHING OUT	-0.0176	12	$ 1,435	$ 1,410	$ 1,385	$ 1,360	$ 1,336	$ 6,926
PERCENT COST REDUCTION: 0 0%								
TOTAL W/W			$65,302,118	$66,353,242	$67,421,285	$68,506,519	$ 69,609,222	$337,192,385
SAVINGS			$ -	$ -	$ -	$ -	$ -	$ -

Head Injured Participants worksheet

	HISTORIC DATA: BASE YEAR (by) AND 4 PRIOR YEARS						DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION							
SPECIFY TIME PERIOD:					Base Year:		TREND	MONTHS	DEMONSTRATION YEARS (DY)					TOTAL
	SFY 2000	SFY 2001	SFY2002	SFY2003	SFY 2004	5-YEARS	RATE	OF AGING	DY 01	DY 02	DY 03	DY 04	DY 05	WOW
TOTAL EXPENDITURES FOR PERSONAL CARE SERVICE CONSUMERS														
SERVICE CATEGORIES														
HCBS SERVICES	$4,841,449	$3,601,147	$3,962,181	$ 4,519,438	$5,398,780	$22,322,995								
HOME HEALTH SERVICES	$ 370,283	$ 294,234	$ 241,305	$ 153,495	$ 128,889	$ 1,188,206								
PERSONAL CARE SERVICES (PCS)	$ -	$ -	$ -	$ 33,452	$ 53,637	$ 87,089								
HOSPICE	$ -	$ -	$ -	$ -	$ -	$ -								
NEM TRANSPORTATION	$ 20,297	$ 11,485	$ 22,729	$ 26,915	$ 30,120	$ 111,544								
DURABLE MEDICAL EQUIPMENT	$ 21,188	$ 36,022	$ 32,874	$ 43,246	$ 36,806	$ 170,137								
TARGETED CASE MANAGEMENT	$ 204,022	$ 208,614	$ 240,469	$ 324,644	$ 313,019	$ 1,290,769								
EARLY INTERVENTION/ACIL	$ 2,487	$ 2,138	$ 3,908	$ 8,718	$ 11,433	$ 28,684								
TOTAL	$5,459,727	$4,153,640	$4,503,466	$ 5,109,908	$5,972,684	$25,199,425			$ 6,108,282	$ 6,246,958	$ 6,388,783	$ 6,533,828	$ 6,682,165	$ 31,960,016
PCS CONSUMER MEMBER MONTHS	1,032	888	1,178	1,372	1,477	5,947	9.38%	12	1,616	1,767	1,933	2,114	2,312	
TOTAL COST PER CONSUMER	$ 5,290.43	$ 4,677.52	$ 3,822.98	$ 3,724.42	$ 4,043.79	$ 4,237.33	-6.50%	12	$ 3,781	$ 3,535	$ 3,305	$ 3,091	$ 2,890	
TREND RATES						5-YEAR								
		ANNUAL CHANGE				AVERAGE								
TOTAL EXPENDITURE		-23.92%	8.42%	13.47%	16.88%	2.27%			BUDGET CEILING AT STATE'S HISTORY:				$ 31,960,016	
PCS CONSUMER MEMBER MONTHS		-13.95%	32.66%	16.47%	7.65%	9.38%								
TOTAL COST PER CONSUMER		-11.59%	-18.27%	-2.58%	8.58%	-6.50%								

							DEMONSTRATION WITH WAIVER (W/W) BUDGET PROJECTION							
									DEMONSTRATION YEARS (DY)					TOTAL
PCS CONSUMER MEMBER MONTHS (MM)							TREND RATE	MONTHS OF AGING	DY 01	DY 02	DY 03	DY 04	DY 05	W/W
				AGENCY CONSUMERS MM			0.0938	12	1,438	1,573	1,720	1,882	2,058	
				CONSUMERS CASHING OUT MM			0.0938	12	178	194	213	233	254	
PERCENT OF CONSUMERS CASHING OUT:			11	11%										
			TOTAL COST PER AGENCY CONSUMER				-0.065	12	$ 3,781	$ 3,535	$ 3,305	$ 3,091	$ 2,890	$ 16,602
		TOTAL COST PER CONSUMERS CASHING OUT					-0.065	12	$ 3,781	$ 3,535	$ 3,305	$ 3,091	$ 2,890	$ 16,602
PERCENT COST REDUCTION:			0	0%										
TOTAL W/W									$ 6,108,282	$ 6,246,958	$ 6,388,783	$ 6,533,828	$ 6,682,165	$ 31,960,016
SAVINGS									$ -	$ -	$ -	$ -	$ -	$ -